Abstract

It's a 24 years old female patient who presented with rhinological burning pain evolving since 1 year. She didn’t consult until a blistering lesion filled half of the oral cavity. The initial biopsy of the tumor was interpreted as a round cell tumor process. An immuno-histochemical complement showed a poorly differenciated neuroendocrine carcinoma, (Pancytokeratine+, Ki67 at 30%, Chromogranine+, Synap tophysine-).

CT scan showed a localy advanced maxilary nasal sinus tumorof 74mm in the greatest diameter (Figure 1). The remainder of the staging didn’t reveal any metastases. The patient received 3 courses of chemotherapy with Etoposod-cisplatin. The clinical and radiological evaluations showed a progression of disease.

Clinical Image

An unusual case of a maxillary sinonasal neuroendocrine carcinoma

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Clinical image

It’s a 24 years old female patient who presented with rhinological burning pain evolving since 1 year. She didn’t consult until a blistering lesion filled half of the oral cavity. The initial biopsy of the tumor was interpreted as a round cell tumor process. An immuno-histochemical complement showed a poorly differenciated neuroendocrine carcinoma, (Pancytokeratine+, Ki67 at 30%, Chromogranine+, Synap tophysine-).

CT scan showed a localy advanced maxilary nasal sinus tumorof 74mm in the greatest diameter (Figure 1). The remainder of the staging didn’t reveal any metastases. The patient received 3 courses of chemotherapy with Etoposod-cisplatin. The clinical and radiological evaluations showed a progression of disease.

Figure 1: A 24 years old patient with a maxillary sinonasal carcinoma.